

How to Draw Blood From a Broviac

Procedure/Treatment/Home Care

Si usted desea esta información en español,
por favor pídasela a su enfermero o doctor.

#85

Name of Child: _____ Date: _____

How to Draw Blood from a Broviac

1. Wash your hands with an antimicrobial soap
or a povidone iodine, like Betadine.
2. Put on gloves.
3. yes no Clean the saline bottle top with alcohol.
Draw up 5 cc of saline.
 yes no Set out prefilled syringe of saline.
4. yes no Clean the heparin bottle top with alcohol.
Draw up 3 cc of heparin.
 yes no Set out prefilled syringe of saline.
5. Lay out two more syringes with needles and _____ blood tube(s).
6. yes no Clean the hub top with alcohol.
 yes no Remove cap from needleless system.
7. Draw 3 cc of blood and put that syringe into the needle box.
8. Draw _____ cc of blood and put into the blood tube(s).
If you are using red and purple tubes,
put the blood into the purple tube first.



Wash your hands with
an antimicrobial soap

9. yes no Flush the line with 5 cc of saline, then 3 cc of heparin.
 yes no Replace cap from the needleless system

10. Put all the used equipment in the needle box.

11. Label the blood tubes with the date, time, your initials and your child's name. Place the blood tubes in a plastic bag.

Now that you've read this:

- Show your child's nurse how you would draw blood from the Broviac.
(Check when done.)

Signature _____ Date _____



If you have any questions or concerns,
 call your child's doctor or call _____

If you want to know more about child health and illness,
visit our library at The Emily Center at Phoenix Children's Hospital:
1919 East Thomas Road in Phoenix
602-546-1400
www.phoenixchildrenshospital.com

Disclaimer

The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

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#85 • Written by A. White, MS, RN • Illustrated by Dennis Swain
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Name of Health Care Provider: _____ Number: 85

For office use: Date returned: _____ db nb

Family Review of Handout

Health care providers: Please teach families with this handout.

Families: Please let us know what you think of this handout.

Would you say this handout is hard to read? Yes No

easy to read? Yes No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read? Yes No

Why or why not?

Would you do anything differently after reading
this handout? Yes No

If yes, what?

After reading this handout, do you have any
questions about the subject? Yes No

If yes, what?

Is there anything you don't like about the drawings?

Yes No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

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Thank you for helping us!